

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146Registered No. 238

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Gila County Hospital Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beverly Dean Long { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth Dec 15 1928
 Month Day Year

8. FATHER Full name <u>J. P. Long</u>		14. MOTHER Full maiden name <u>Mary D. Rice</u>	
9. Residence (Usual place of abode) <u>Chrysotile</u> If non-resident, give place and state. <u>Ariz.</u>		15. Residence (Usual place of abode) <u>Chrysotile</u> If non-resident, give place and state. <u>Ariz.</u>	
10. Color or race <u>W.</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>W.</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Kansas</u> (State or country)		18. Birthplace (city or place) <u>California</u> (State or country)	
13. Occupation <u>Mechanics</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	

20. Number of children of this mother: 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. D. Kennedy
Globe (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year

Registrar

Filed 1/4 1929 E. E. Wightman Registrar

237-1215-485